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Task Force Razorback Provides Health Care in Rural Arkansas

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By Cmdr. Lisa Gittleman, Navy Medicine Support Command-Reserve Component (NMSC-RC)

In addition to being a family nurse practitioner in the Naval Reserve, I am the assistant operations officer and innovative readiness training (IRT) planner for Navy Medicine Support Command-Reserve Component. This has been a unique and challenging role for me, as I have worked with joint service teams to complete the planning and manning for four medical IRT missions in FY11. One such mission, nicknamed Task Force Razorback, was in the Delta region of Arkansas. The IRT took place from June 6-19, 2011, in five towns spanning an area of over 200 miles in Southeastern Arkansas. Task Force Razorback was the one mission that I not only helped plan, but was able to deploy with and participate as a primary care provider.

Task Force Razorback was led by the U.S. Army Reserve's 4010th hospital unit. Over many months, we worked together in person and via phone and email to plan this exercise. The 4010th supplied personnel to perform clinical duties as well as staff to perform the command, administrative and supply/logistics functions. The Air Force brought reservists to fill clinical roles and a whole team that set up a communications network spread over all five towns. Between the three branches, a joint service team of almost 300 personnel participated. Everyone benefitted from the chance to share cultural exchanges with members from other services – we learned each other's terminology and rank structure, which can go a long way toward making a future deployment go more smoothly.

Thirty-eight Naval Reserve personnel filled many of the critical clinical billets for the mission: optometrists, dentists, pharmacists, as well as primary care providers, nurses and corpsmen. In the months leading up to the mission, I helped in the selection and preparation of the Navy members—most I had never met before, as they were selected from a volunteer pool from all over the U.S. I couldn't wait for the IRT to begin so I could finally put names and faces together!

On June 6, everyone flew into Memphis, Tenn. where the Army team picked us up and took us by bus to our assigned towns. The Sailors were divided among four of the underserved

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communities to become a team with the Army and Air Force personnel assigned with them. After a day of briefings, orientation and clinic set-up in the chosen schools, civic buildings or community centers, patient care began on June 8, and continued for the next 10 days. By the end of the mission, 5,595 Arkansas residents were seen.

There were 2,221 medical provider encounters, 1,811 dental encounters (mostly tooth extractions—I was amazed that some people had more than 20 bad teeth pulled in one day!). The optometrists saw 1,563 people and 1,136 pairs of glasses were fabricated on site in one of the towns by a two-person Naval Ophthalmic Support and Training Activity team. The Army had one veterinarian who teamed up with the local Humane Society, and they were able to spay/neuter 257 dogs and cats in a local church. These services will have a lasting impact.

Every Sailor, Soldier and Airman I spoke with expressed how rewarding it was to care for Americans in need. I saw people who had not been able to afford blood pressure or diabetes medicines in weeks or months. I diagnosed new onset diabetes and hypertension. I counseled over 100 people on healthy lifestyle changes: weight loss (so many adults weighed over 300 pounds), exercise, healthy eating, the need to quit smoking or decrease soft drink intake. The patients were appreciative to me and for the military team coming to their town.

Service members were overwhelmed with the outpouring from the community: handwritten signs taped to business doors and windows to welcome us and thank us. The people in the Helena community, where I was, embodied the phrase southern hospitality.

While the IRT missions require long days and hard work, the positive impact on the local people is priceless, and the training for the members of all three services is invaluable. I am very much looking forward to being involved in the planning for FY12 IRT missions and opening up this opportunity to more of the Naval Reserve medical community.

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